

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543033

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		2				
21		2				
22		2				
23		2				
24		1				
25		1				
26		1				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36		①				
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43		2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	44	↓		↓		↓
TOTAL DEP.	64	←		←		←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						